

779 family. Babies lacking in merit died at their birth, just as mothers whose merit had run low suffered or died in childbirth.

84 A soul desiring rebirth flew into the womb of a woman at conception. By care and imitative magical practices, both parents helped the fetus grow but the mother gave the baby its body. Parturition was a joint effort of mother and child, the course and outcome of which was determined by their respective stores of merit. After delivery the child was blessed, his soul seized and tied in, and ritual means taken that he not wander from home throughout life. A post-partum rest of several days was taken beside a hot fire, the purpose of which was both physiological, i.e. to dry the uterus, and ritual, to bring about full "ripe" adulthood.

793 The fire, which was consecrated, strengthened a woman and made her a better nourisher, mature, more compassionate, and eligible to handle magic and the tender souls of living creatures. Thus she was fitted for her life-calling as a woman. The comparable ceremony of maturation for men, when they too were changed from "raw" to mature, compassionate, and strong males for their calling of fatherhood and leadership, was ordination into the Buddhist priesthood. Only those men and women who had undergone their respective rites of maturation were eligible to handle magic. Men's magic gave power, control and could be aggressive. Women's magic was limited to nurturing purposes, and could never be destructive. The respective areas of magical competence and right were autonomous and rigidly separated on pain of severe sanctions.

• 844 This view of the role of women in life and the events of childbirth in the earthly and cosmic scene, had the effect of giving women in childbirth a positive, secure, and relaxed outlook, and an understanding and acceptance of suffering as that they had little fear.

[128] Now careers in midwifery, whether professional or amateur were established, and the nature of the specialty and of a practice are discussed.

128 The understanding of, and the attitudes toward, modern medicine are given along with findings accounting for acceptance or rejection of modern hospital care for parturients. 844 Accepting the changes that were observed in the practices surrounding childbirth proved to be a means of expressing partial withdrawal from the old life of a farmer and a step towards the glitter of urban ways. In the desire to be seen as progressive, the fire rite had been shortened, market products substituted for the consecrated fire, and other urban ways introduced.

000 For persons interested in introducing changes in the

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563 The Chinese druggists, many of whom stocked among their traditional pharmacopoeia a few modern medications, gave out occasionally to their customers information derived from the manufacturer's instructions for use. People with minor indispositions sometimes sought a druggist's advice. He suggested traditional or modern remedies, depending on the wishes of the customer. Thus, the druggists also acted as a bridge to the use of modern remedies.

484 Facets of Social Life Pertinent to Childbearing:

Communication and Transportation

People went to Minburi, and less often to Bangkok, to buy, sell, work, or visit relatives. A few adults had never been outside Bang Chan.

494 Along the road buses passed Bang Chan every two or three hours during the daytime only. Minburi was a ten minute ride, Bangkok, an hour. Minburi had no taxis, and no telephone existed to call a taxi from Bangkok. Two or three persons owned bicycles.

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493 Within Bang Chan, transportation varied with the season. From June to February travel was entirely by boat, even to a neighbor. A message to a local midwife, for instance, could be carried quickly by a speedy paddler in his skiff. If an emergency trip to the Minburi Health Center appeared necessary, a person could be rowed fairly comfortably along the canal that bordered the road. Going by boat to Bangkok, a whole day's row away, or four hours by the motor boat from Minburi, was not considered convenient even for passenger traffic, much less for a sick person or a woman in labor.

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494 The inconvenient time of year was the three month dry season. Boats then could hardly go on the canal that ran through the middle of Bang Chan, while the smaller canals became muddy or even dry. Walking barefoot over sharp stubble in tropical sun was hard. To transport a woman in labor, assuming she could stand it, an improvised stretcher could be made, but to subject her to the jolting bus was usually foolhardy. It was not customary to flag down passing cars. If things went wrong for a woman in labor during the hot, dry season, there was practically no chance of getting her to a hospital, and none of getting modern help to her.

243 Work Habits in the Economy

433 Because of the annual flood the land was admirably suited to growing a single bounteous crop of rice. After all needs for

close touch with each other's activities and needs.

These residence arrangements had considerable bearing on the amount of help at hand for a pregnant, parturient, or lactating woman, especially since every woman expected to bear her child at home. A woman's first child was often born while she was still resident in the house of her parents or parents-in-law. If the separate household had been set up, and especially if there were other small children, a parturient's mother or other relative came to stay with her for delivery and post-delivery care, or a woman might return to her parental or her husband's home for the event. In fact, since husbands and wives were both needed in the fields, it took great diligence for a woman, without extra kinfolk in the house, to carry on child-care, cooking, and field-work, and then undergo child-bearing besides. The extensive overlap in the division of labor (Sharp et al. 1953:94-98), though, resulted in much sharing by husbands in the household chores, so that the burdens were somewhat eased. Help in child-birth was one of the areas of mutual aid freely accorded by neighbors, so all women could count on adequate or even ample help at this time.

Wealth Differences:

Way of Life

Real polarities of wealth existed. A well-to-do person owned rice fields, a good house, and had many devoted kinsmen. Teachers who were governmental civil servants and a few of the traders were somewhat better off because they had regular sources of cash. A poor man, owning no land, lived humbly and hired out at day labor and other odd jobs. Yet the way of life of the well-to-do was not very different from that of the poor. Practically all persons worked in the fields or at related activities, wore the same cotton clothes, and ate the same food. Rice was plentiful. Fish, fruit, vegetables, and fuel could be amply obtained practically without cost, though it was also possible to spend money on these. Yet here and there persons were beginning to lose their old satisfaction in life as a farmer. Changes were beginning to come in, heralded by such things as hair permanently waved, gasoline pressure-lamps, increased geographical and political awareness, grumbling over the cost of living, and frustration over rising expectations. Urban life as met with in Bangkok was viewed with some awe as a glittering universe with different ideas and needs, yet also with some uneasiness. The city dwellers sometimes looked down on the country dwellers and made them feel uncomfortable.

Housing

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The type of house, whether big or lowly, made a difference in the comfort and care of women. The big houses were teak-paneled and floored with a good roof of thatch, tile or corrugated iron. Their high piles insured dryness during flood season. The sleeping and living space was a single airy open room, often with one or two sides balustraded rather than solid, and protected from the weather by the roof's overhang. The kitchen was sometimes a separate room. There was always one small enclosed room, perhaps ten feet square, or larger, with a door and a window. This room was used for keeping valuables under lock, and whenever privacy was desired: as a marriage chamber for bride and groom, or as a quiet room for a senile parent. Because of its almost solid walls, it was poorly ventilated and hot. Childbirth took place in this little room, if convenient, or out in the main part of the house. The fire-rest was in this room so that the dreaded wind could be kept out.

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The poor lived in modest earth-floored cottages of bamboo frame, thatch sides and roof, with one or two raised wood platforms for sleeping and sitting. In the rainy season, these cottages could be damp. In fact, one October the water was observed ankle deep inside a house, and the wife splashed around at her chores. Under the latter conditions, a woman in childbirth would be moved to some kinsmen's house. Delivery took place on one of the sleeping platforms, and post-partum rest was on a plank raised off the earth floor, unless space permitted that the plank and temporary fire-floor be placed on the platform. On one observed occasion reed mats as protection from drafts were temporarily set up, making an enclosure about three feet high within which a mother lay in her post-partum rest period.

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Cash

Cash was short to everyone. The poor felt very poor and the rich did not feel rich. This was because the rice-money, which came in a lump sum once or twice a year, was at once turned over to clear debts, to make large purchases of agricultural equipment, to repair the house, or to perform elaborate ceremonies. What was left over was not kept around the house for day-to-day expenses for fear of robbery, but was immediately loaned out. Thus cash was not available for emergencies which in childbirth might mean taxis or hospital care. Being rich or poor made little difference in Bang Chan, however, as to the quality of the obstetrical help given.

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Within the community all women received about the same service. 759
 Though the poor felt the 20 to 30 baht cost⁵ of a midwife was 465
 too expensive, and so utilized the free help of a compassionate 844
 kinsman (usually the mother) or neighbor, the latter sometimes
 were as expert manually as a midwife or even on their way to
 becoming one. The few critical cases, rich or poor, who were
 taken to the Minburi Health Center managed to pay the 50 to 70
 baht fee (120 baht if penicillin were used).

General Attitudes Towards Having Children

In these farm families, children were an asset, for their 858
 help, skills, and earnings enriched the family. Boys and girls 943
 were equally desired. A girl did household chores and at her
 marriage brought in the considerable payment of "milk money."
 A boy could be ordained and so "bring merit" to his parents.
 Both could farm, and both would provide cherishing care to the
 parents in their old age, but this was expected particularly of
 daughters. A child usually arrived within a year or so of
 marriage, to the rejoicing of everyone. Until the birth of a 851
 child, marriage only partially changed the young couple's [842]
 status, especially if they were still living under the parental [62]
 roof. With children they became the heads of a family, with
 authority over, and responsibility for, a younger generation.
 In the few polygynous households, the position of a younger [945]
 wife was enhanced when she bore a child. Sometimes on the birth [503]
 of this or another child, the money paid to the bride's parents [42]
 at the time of the wedding was turned over to the new mother.
 Title to some of the familial land, never given until a marriage
 had proved stable, might be conveyed to one spouse or the other.
 The arrival of a child was sometimes a signal for preparations [992]
 for moving out and establishing an independent household, or for
 establishing a "second kitchen," i.e. two separate families liv-
 ing under a single roof. A study of the birth-rituals (Chap.V) 851
 gives evidence that the arrival of a child, especially the 593
 first, was of deep psychological and social significance to the 842
 parents. The marriage bonds were strengthened if the first-born
 were male (cf. p. 65). A couple without children was "sad" and
 "a little less rich." Barrenness was caused by lack of merit.

5. Analysis of Janlekha's figures, borne out in observation, [H3]
 shows that per capita income was low, that there were many
 poor people, and because of the seasonal nature of income, even
 the rich were short of cash (1955:135-143). Ninety-two baht
 were the average "expenses for medicine" including delivery
 fees (1955:142).

828 or fainting, and also such localized trauma as abscesses.
 753 Similar behavior followed the influence of malevolent magical
 amulets, incantations, and love magic. Natural intrusions
 may be exemplified by the seasonal influences of rain, which
 brought on too much water element; of heat, which increased
 fire; and of wind, which cooled too much or brought in
 certain fevers, e.g. north fever (khai nua). An accident was
 a natural cause of disequilibrium. A cut might let out the
 air or a soul.

774 Any lost soul, if not restored, meant death. Souls were
 761 lost from falls or frights or from spirit attack, a condition
 753 recognised by persistent crying, hysteria, and unconsciousness.
 The exits were at the top of the head, the palms of the hands,
 and the soles of the feet, the latter 2 sometimes localized
 at the 2 thumbs and the 2 great toes. One of the old beliefs
 associated an element with one of the four chattaphut souls
 (Textor:130). When one of these souls was lost one whole
 element was gone. Loss of the khwan soul was more frequent
 than any other, especially during childhood. Its care
 • [844] throughout life was very much in mind. The khwan¹⁸ played an
 especially prominent part during childbirth.

755 If a person were only slightly sick, he might first try
 762 to overcome his physical complaint by attention to diet.
 757 Very rarely did he by himself buy some medicine at a drug
 store. If it were a case of a child's lost khwan, women
 performed the rite for its recovery. When the khwan of an
 adult was affected, men performed a strengthening rite (than
khwan), or a priest gave a holy water bath. If the person
 were very ill, holy cotton thread (sai sin) was tied at
 wrist, ankle, and neck so as to shut off the soul exits. An
 elder relative or spouse might also "bon," i.e. vow food or
 liquor in return for the help of supernatural beings; or,
 with Buddhist "sacred things" in mind, promise the ordination
 of the afflicted person, or oneself, or some interested
 relative. In this case, the relatives had long since turned
 for help from the arts of medicine.

278 The Arts of Medicine

755 Medical knowledge comprised on the one hand a pharmacology
 of materia medica, and on the other, the far more important

18. The conceptualization of this soul was Brahmanic in
 source, rather than Buddhist (cf. Martinie, 1952:370).

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sin for the sake of nourishing the child. Some Thai village women followed a local Chinese belief that eating a female chicken gave strength during pregnancy. Eating a rooster, though, caused miscarriage through "ectopic gestation." Thai Muslims recommended chicken whole-heartedly.

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Medicines

Beginning early in pregnancy, one or more kinds of medicine (*yā*) were taken. These hot-tasting medicines of ginger, galanga, pepper, and such in 28 per cent alcohol were either bought from the big selection at a Chinese drugstore, or were made up at home from alcohol or water and an envelope of ingredients. A woman made the choice herself with the advice of experienced persons. Even the Muslims who ordinarily frowned on alcohol permitted their women to take it at this time. A few women, though, said they "did not like to get drunk," so took their medicines in hot water. The quantity varied from two to six spoonfuls per day, with big increases as delivery approached, e.g. "two big cups a day of it during the ninth month."

The primary purpose of medicine was to increase the appetite, but there were other reasons. Fragrant Medicine (*yā hausaum*) cured wind. One Muslim midwife's mixture "stimulated the amniotic fluid." Other preparations had more general objectives. One label advertised "strength and good blood to men and beauty to women;" another promised to "maintain the mother's body and make the inner organs do their work properly" (H.M.H.).

In the last months, the reason for the medicines was to build up the body's heat. This purpose was not affected by hot tastes, which burned but did not necessarily raise the heat, but rather by alcohol, cobra, and specific decoctions. A label cautioned, though, "Not to be used by pregnant women with fever," lest the increment of heat be excessive. Snake Brand medicine, an exceedingly hot concoction used primarily post-partum, was occasionally taken in mild dosage during pregnancy. (Used full strength it caused miscarriage, so was rumored to induce abortion). The heat raised the body's temperature far above the ordinarily desired coolness so as to implement birth.

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The Physiology of Birth

At parturition the body's usual needs were reversed. The child could not be ejected under the normal, cool condition of the body. The pushing and pulling winds inside the body that ordinarily circulated slowly had to be

speeded up with heat to the point of blasts. The strength of the contractions of labor was in direct proportion to the speed of the winds' circulation. The great pushes of the expulsive lom beng "broke down" the sac with the amniotic fluid (nam thun hua: water-that-supports-the-head-of-the-child), and forced out the child, water, and the placenta.

After the child was out, the mother was cold, weak, and exhausted. Her uterus was full of harmful fluids. Heat was needed more than ever not only to warm her but to give the winds "the power and push" to drive out three undesirable birthwaters: "The blood that looks like ordinary blood but is bad," the amniotic and abdominal body water (nam khramrefuse water); and the pale, viscous, repugnant "fish-water" (nam khao pia). Therefore, a hot fire was built, close to which the mother lay (yu fai), turning all sides of her body towards the flame. She bathed in or drank hot or warm boiled water (nam suk: cooked, or ripe, water). She ate safe foods like rice and dried fish,³¹ and kluai nam bananas, continued to take alcoholic medicines of the hottest sort, such as Snake Brand, and occasionally might be given cobra or other hot curries to eat. For a first-born, a woman stayed eleven or nine days by the fire (always an odd number), with stays shorter for each successive child, but never less than five days.

Complications sometimes developed because of inadequate control of the heat. A "headache and a hot body" indicating "stagnation of the blood and the fishy-smelling-water," was cured by a heat-producing decoction. Rashes often occurred, causing small boils that might develop into sores. To soothe these, turmeric was painted on. In the most dangerous cases the heat "drove the bad blood to the heart, to the face or belly" where it was recognized by serious swelling, with resulting madness or death. In fact, one mo felt that the

31. The reasons for rejecting fresh fish during pregnancy ("lest a creature of hell be born") would not hold after parturition. Yet fresh fish was rejected then too "as bad for the womb." One suspects that the less odorous dried fish was substituted so that the odor of fresh fish, like air-borne, incompatible food, would not affect adversely the "fish-smelling" post-partum discharge (nam khao pia). In Hauck's list of foods "bad for mother during the post-partum rest," the reasons are apparent: Sour tastes did not dry out the body, but built up water; egg was too cooling; jackfruit brought in wind; glutinous rice and the sugar of sweets "wet the uterus;" fruits did not give strength and were excessively cooling (cf. Hauck, 1959:15).

seen childbirth not once, but many times, so willing hands abounded. So, one day, Duan went to Sai. "Will you help me, and come when I call you? Please do not go far at that time." Sai agreed, knowing in her heart she had expected to care for Duan. No day could be calculated because the baby decided when to be born. Duan came home very fast, for doing so would help ensure a fast delivery.

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As the weeks passed, Song, the new child's father, collected outside the house a great cone of sakas firewood from their land. This wood was for the post-partum fire beside which Duan would lie for many days. As the fire had to be very hot, a great deal of wood was needed, all to be collected beforehand. Song also covered the outside of the pile with thorny woods to keep away evil spirits. On her part, Duan knew that everything needed for delivery was ready in the house as part of the regular household staples or utensils. Nothing need be bought except possibly a little Borneo camphor to mix with lemon grass for faintness, and alum. The midwife should never bring anything with her because it was essential to use what was in the house. Anything lacking could be quickly borrowed after the pains started. The little cushion on which the baby was to lie was cut, and half-filled with kapok. It was not sewn up, lest it induce by example a closed-up exit from the womb, or suggest a mal-placed or deformed baby which had to be delivered onto a pillow. No one wanted to prepare for such an unhappy event. No clothing was bought for the child ahead of time for then the child might die, and all would have to be destroyed.

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Duan felt at ease and yet somewhat frightened at the prospect of the pain ahead. At an ordination she attended one night she listened again to the chant she had heard many times:

"In childbirth a woman has pain all over her body...She is losing her soul and feels so frightened, despairing, and suffering that she throws herself up and down from time to time as if her mind were terribly wounded by the poisonous arrow of a hunter. She is uneasy and moans loudly as if a big mountain had fallen down upon her, and she is supposed to wait for death. She does not recover even if massaged by someone. She does not think of her pain, but tries to save the child's life, when, after the pushing wind comes, he is born" (S.S.).

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On other occasions she pondered the deep satisfaction of her maternal role, then laughed in recalling a crafty woman who

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"faked labor pains to hold down her errant husband!" or so a sour mother-in-law said (Hauck, *ibid.*).

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Finally, one day, Duan felt uncomfortable and decided not to go out to plow. Lek prepared for her hot-tasting medicine. When Song came in at eleven from work, he went to the garden, to the little house of the family's protecting spirit (san phra phum), lighted incense and offered flowers, asking that it and the ancestors help his wife and keep away evil ghosts. He also prayed for help of the ancestors. Mi went to ask Sai not to go far away that day and to ask in what exact direction to push over the woodpile. Sai replied, "Push it over in the direction the snake lies today, so that Duan and the wood lie parallel with their heads and its apex in the same direction to the north and east. Never let them be to the south and west." A passing boatman saw the wood go over. "There's news to tell!" he said. "The child is being born!" Duan thought she ought to send away her little son, but he refused to go, and stayed by his mother the whole time. Song's sister came by for a visit, but stayed to help after getting word to their parents. It was no time for visitors, especially men, but any helpers, male or female, were welcome. Lek prepared the all-important ceremonial gift, the khwan khao (soul-rice), for the midwife, which validated, and insured the use of, her private magic. She put a bunch of bananas, 7 betel pepper leaves, 7 areca nuts, flowers, incense sticks, a candle, and 20 baht into a bowl filled with dry rice grains. A little later she strung the holy thread around the 4 walls of the house. On each side she attached "yan," (Skr.: yantra). These protective cloths, about 10 inches square with magical letters and drawings, kept away the terrifying phi kraai spirits, seen as lights at night, who, attracted by bad smell and blood, would creep up the housepost, eat Duan's blood, intestines, and faeces through her anus. Then Mi went again to Sai to report that "the pain was increasing." These words were the signal to Sai that it was time for her come.

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As Duan was to profit from the magic, it was better that she herself hand the midwife the khwan khao bowl. Sai lit the incense and offered the bowl in gratitude to the teacher who had given her her magic. She whispered in the direction of Duan's head, "All good spirits in the high heavens and in the locality, help and do not obstruct at this delivery! Give happiness to mother and baby!" Placing the bowl on a high place to the side of Duan's head, she said, "My teacher is long since dead, but will hear this request, and will pass the request and the khwan khao to her teacher, and so on, back all those thousands

of generations, to the hermit Phra Khulimān, who first discovered this magic. He got it from Phra In (Indra). He will make it good."

Duan was sitting in the main part of the house. Her mother was seated behind her, arms under Duan's arms, pressing down on the abdomen with every pain. She, Song, and others had taken turns thus supporting Duan's back all afternoon. Duan hoped it would not be like the first time when she had screamed with the pain of the tender spot where they constantly pushed. Their toes, digging into her thigh, also had left large bruises. Some women in the area had tried arm ropes, hung from the ceiling, on which to pull, and some women tried lying flat, but sitting while someone pressed was the usual way. Sai examined Duan, and announced that labor was not very far along. She moved Duan around so she faced another direction. "No wonder you are having a hard time," she said. "Your feet were pointing toward the san phra phum spirit house and you were not properly in line with today's direction of the celestial prince-snake (Chao Nak). By turning you thus, the baby will be born with, and not against, the scales that lie on the nak's back. The snake's direction differs each hour of the day, each day in the week, month, and season in the year. Today is Monday, so your head must be in the east, but Sundays, for instance, it must be to the north. You must also not face the Great Ghost (phi luang).³³ Another being to respect is the Chao Krung Pha Li (cf. Textor: 487-490). Offerings to him must be at the feet or sides. If offered at the head, he would be angry at your disrespect, and you would have a fever and a terrible time. My grandfather taught me this from his Pali book. His was more accurate than the books in Thai one sees in the market."

Song was asked to boil up several kettles of water using this saka wood. Husbands always did that. "I was recently asked," said Sai, "to help at a woman's fourth child. I had been there for all the other 3, and for every one her husband was absent, gambling, I heard. He said he did not want to stay there because it was an awful sight. So it is, but there must be a man around, the husband; if he is dead, or gone, then a father or brother. I refused to accept that case because of the husband's neglect."

The winds that circulated in Duan's body were not speeding

33. Textor (378, 422) relates that it makes a complete circle of all directions throughout 24 hours, and its direction of the moment must be avoided.

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[278] fast enough to break the amniotic sac. Sāi made her a medicine of mung bean and sugar, both of which wet the uterus, and murmured some magic words to help. Later she worked with her hands at the vagina, twisting the sac a bit to break it. Suddenly the sac ruptured.

- [789] Now the child was almost there. The head showed well. Sāi sat down directly in front of Dūan to do the pressing herself. With one hand she held or gently pulled on the baby, with the other she pressed on the abdomen with every contraction. As she started in, she said magic words. She worked for an hour--no midwife would press more than that--until at last the child was out. A little boy! With her finger Sāi removed the blood from his mouth, and puckered out the lips. Breathing was slow in coming, so she shook him vigorously, then laid him down. Quickly she chewed up an onion and spit it over his body. "Ah-h-h!" A cry, though not very strong! Seeing the new baby appear, Chai, who up to then had been constantly near his mother, rushed precipitously from the house, and refused to come in for hours, in spite of Song and Lek's coaxing.

- [787] Everyone had observed an auspicious circumstance: the cord was looped around the baby's neck! This imitation of the holy cord (songkhon) placed around head and neck in Brahman rites of passage was a rare and good sign. "A cord looped thus could never kill a baby," someone said.

- [278] Since the placenta was slow in coming, Sāi prepared to cut the cord while Dūan rested and sipped the fiery snake brand medicine. Depending on circumstances she might cut it before or after the placenta was out. Taking a rhizome of phlai (McF. 804), a traditional healing root, she laid it on a clod of soil brought in from outside. From one of the old bamboo house beams, someone had sliced with a knife a sharp-edged, tapering sliver to serve as a cutter. The cord was stroked 3 times, starting near the baby's stomach "to remove the dirt." Then "something that is in the umbilical cord" was pushed back towards the baby's stomach "to prevent a flow of blood." She measured the cord from the baby's abdomen to his knee, and tied off 2 places in it with the holy unspun cotton cord used ordinarily in rituals. Laying the part between the 2 knots on the phlai on its bed of soil, and saying her magic "m'nyān a sam pa nō," she cut the cord with the bamboo cutter. With a chicken leather which had to come "from the mother's yard," she collected a few spider webs from the rafters, mixed them with coconut oil, and painted them around and on the cord-stump, also "to stop the blood-flow." While doing this, Sāi said, "One midwife I know severs the cord by tying it with the thread at 3 places, then burns it with a flame."
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Lek watched over the baby, while Sāi turned towards Dūan. "One looks to the mother first, unless the baby needs help more." First Sāi gave Dūan medicine for the placenta. She rubbed her hands with alum and tried unsuccessfully to work down (klōm) the slippery placenta. Then she told Dūan to get on her hands and knees, and exert all the force she could. Dūan crept around the floor but it still did not come. Sāi then tried hitting Dūan's back 3 times with Dūan's own pillow. Finally she gave Dūan a leaf of betel pepper to chew, hoping to induce a wind-producing nausea and so push out the placenta. In the end Dūan resumed her sitting position and it was pressed out. So the baby would not get pimples, the placenta was cleaned carefully, then put into an old pot, mixed with 2 dishes of salt, and set aside.

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While Lek sewed up the partially completed cushion, Sāi laid the baby along her legs, and washed him with soap. Sometimes she washed the baby before the cord was cut, if the placenta came quickly. She used salt to remove the greasy fat from his body, though would have preferred "fermented tamarind to protect him from pustules that enlarge to sores (rōk phu-phōng). "Soft tissue like a stomach covering his head! What a good sign of progress and fortune!" she exclaimed. She powdered him with face powder (dina-phōng), and painted his abdomen with turmeric,³⁴ "so wind will not make him cry." Covering him with a little piece of old cloth, she laid him on Lek's old winnowing tray (kradong).

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It was the moment to winnow (rōn) the baby, and link it to home and family. While Lek got the holy unspun cord, others placed on the tray with the baby all manner of traditional things to influence the progress and well-being of the child during his lifetime. Sāi put on the phlai, the clod of soil, and the tapered bamboo she had used to cut the cord "because they will never be used again," but actually these things had a far deeper meaning to all present. Song laid on a school exercise book and pencil, so that his son would have knowledge and a good memory. Hī got a needle for sharp wit. If the baby had been a girl, the needle would have given sewing skills. When all was in readiness, Dūan had to decide on the ones to raise the child aloft, catch the tray as it was dropped, and bless him as the holy thread was tied on. She had to choose these persons carefully, for the child

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34. Other mixtures (used also on the mother) were lime-bergamot lemon; or phlai (if possible the one on which the cord was cut), wannam (acorus calamus) (Textor:64-88) and mahāhīng (asafoetida) with burned betel leaf. These were all to keep out wind.

844 would later manifest their characteristics. Much as Duan
 989 loved her own mother, Lek ought not to winnow the child
 852 because she had had the misfortune to lose 3 babies in
 infancy. An older person was desirable, for longevity, too,
 indicated virtue, and the child would then also live long.
 Of all the women present, besides her mother, Sai was the
 one Duan trusted and respected most, and Sai had raised
 healthy babies. Duan turned to her. "Please winnow and
 bless the baby." She wanted, as every mother did, to catch
 and so claim the child for herself.

[539] Sai seated herself close to Duan, picked up and raised
 high the tray with the little boy and the auspicious items.
 Waving the tray in a circular motion slowly from left to
 right, clockwise, she recited the old words: "Three days
 a spirit child; on the fourth day, a human child! Whose
 child is this? Is this the child of a female pot? Of a
 jar? Come, take this child!" Three times Sai chanted
 these old words and on the third, Duan cried out, "Mine!"
 [774] The tray with the child was gently tossed in her direction.
 She caught it as it slid toward her. Then Sai took the
 holy thread and tied some around each of the child's wrists
 and ankles to seize and "welcome" its soul (*sinraphiwan*),
 [539] giving the while the traditional blessing. "Come, *khwan*!
 Come my own child! Stay well and eat well! Do not get
 sick or have fever! Be cool and happy! Feed your father
 and mother until they are old. Hold the walking stick
 with the gold head, or the stick with jewels on its top!
 Stay at home like the bottom of the house post! Watch
 the house like a cat! Eat and stay here! Never go roam-
 ing! Be fat as the golden ash pumpkin, heavy as the long
 melon, strong as an elephant in must! Be the head priest
 when ordained and the leader of men when you leave the
 priesthood! Come, *khwan*!"³⁵ Thus Duan claimed the child
 for herself and for her family, to nourish and raise.
 Because such a fine person as Sai had started this son on
 its life-habits, and Duan was already sparing no efforts in
 assuring his progress, he would be a good boy, and
 reciprocate her pain and effort.

[539] 35. Another version added the words, "Have the strength of
 Hanuman! Hold the stick with the iron head! Be a student."
 For a girl, "If you have a family, keep cool and happy!
 Earn your livelihood (*tham na ha kin*)! Have enough to use
 and eat! Do not lower (*tan*) your face, or eyes," i.e. "don't
 be poorer than your friend." A China-born Thai woman's
 blessing was "Mother, nourish, and care for this child. Do
 not let it be hurt or have fever."

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The next step was to prepare for Duan's post-partum days of rest beside the holy fire. Before the baby arrived the fire-floor had been prepared, but not lighted. Song had chopped down a banana tree, and quartered and trimmed the trunk into four good planks. Along a wall inside their house he had laid them in a square about three feet on each side and 18 inches deep. He remembered that at Chai's birth, the fire had to be in a corner, because of the direction of the celestial Snake. Lek picked up a large round basket and went out to get the soil, which had to come from the north side of the house. Three full baskets she was to get, no less, but there could have been five. She heaped the soil into the frame, smoothing it to a good fire floor. After she poured in the last load, she picked up three handfuls of earth and put them back in the basket. Quickly she took them back to the spot she had been digging and tossed the three handfuls one by one onto the earth, murmuring to the spirit of the land that she was returning the earth she had taken. Back in the house, in each of the four corners of the fireplace, Sai planted a little banana leaf bowl containing rice, sticks of incense, a candle, and flowers. "Some persons add areca nut and betel pepper leaves, but I was not taught to do it that way," she commented. A fire of the sake wood was laid, and the placenta and cord in the pot placed at the back where they could dry with the heat. To prepare Duan's bed, Song searched the house for a smooth plank about 18-18 inches wide. Not one! So he ran over to a neighbor and borrowed a good one. He cut two banana trunk sections to set this plank up so that it was as high as, and two or so hand spans from, the fireplace. Sai checked that firewood, woodpile, and plank were all parallel to the celestial Snake. Then the fire and the incense in the corners were lit.

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Meanwhile Sai had been washing the lower part of Duan's body and legs with warm, boiled water. She painted Duan's abdomen with turmeric, lime, and alcohol, putting a little on the hands and arms, and now gave her a fresh shirt. "To cure the womb" Sai also gave her a "filtrate" of tamarind, salt, and water to drink, the same potion people also gave to the cherished buffalo on the rare occasions when a calf was born. Finally, she asked Duan to lie on the floor a moment. Putting her foot on Duan's hip she pressed hard, three times on each side, to "close the hipbone" and get the pelvis back into place again.

The genetic connections of those who did not help in cash, or labor at, say, cremations or cooperative work-parties were forgotten. Degree of help was a measure of kinship solidarity, and even marked the outer boundaries of kinship.

The word "help" turned up over and over again in the context of childbirth. Birth came about because a married couple, already steeped in the knowledge that they had been so helped by their parents, "helped another individual to new life" through the mingling of semen and blood. The midwife's role was merely to "help." When a woman engaged a midwife, her words were, "Will you come to help me?" A baby having trouble breathing right after delivery "had to be helped for half an hour." Most important, only through the reciprocal help of mother and child was rebirth to earthly life implemented at all. Parturition was an active, cooperative venture between 2 autonomous beings. The child set the time for labor to start by "deciding to be born" when his 32 parts were "complete,"¹⁸ and he had worked off sufficient sin in purgatory to permit rebirth. The mother by her labor "helped the child to be born," but she could not succeed unless he actively "helped," too. Though other assistance to her was desirable, such as persons to support her back and press out the infant, only his help was essential. Without it she had a hard or unsuccessful labor. A woman who gave birth successfully without outside help created no stir because it was evident that the baby had been helpful.

18. Informants were not uniform in opinion here. Some said the khwan (or minyan) was the first "part" to establish itself--arriving at the moment of conception--others that it was the last (Textor:262). In either case it was highly volatile during pregnancy, and the trapping by winnowing at birth was the major means of rooting it in the person. During pregnancy, medicine for wind in the fetus was given "which was not effective if there were no khwan," but whether the khwan was the mother's or the child's was not certain.

• 844 In view of the state of a child in the successful outcome of his own birth, ³⁹ under what circumstances might a child not be helpful? This was explained by merit (gun) and havit (khwa).

Merit

782 Since merit, gained through virtuous behavior, deter-
 828 mined a person's character, circumstances, health, and
 761 longevity, the merit of mother and child set the course of
 844 childbirth. It will be recalled that persons who lacked merit because of previous sins were cruel, lived short lives, and had to endure suffering, while meritorious persons enjoyed success, kindly natures, and long life. Yet an outwardly fortunate person might be at the point of merit-exhaustion, when suffering commenced. Any mother who suffered greatly lacked merit. In one case, "7 babies of a woman died young while the eighth and subsequent ones lived, proving she had to suffer greatly to work off some misdeed in former existences. She was given the trouble of bearing and feeding the child, and the child did not have enough merit to grow up, and so to feed her in return." Her punishment was to bear non-meritorious children who could not live. A woman's premature⁴⁰ death in childbirth was caused only by her own lack of merit.

(17) 39. By way of contrast, consider how parturition is pictured in the United States. The active role is played by the midwife or doctor, or some other outsider, who "delivers," i.e. "liberates," the child from the womb, or frees the mother and baby from one another. "A child is born" presents the child as completely passive; in "to have a baby" the mother is relatively so. The most active English renderings are "to bear a child" and "to give birth to a child." It is noteworthy that modern anaesthetics have tended to increase the passivity of the mother.

40. The idea of a natural term of life was described in the Visuddhi-Magga: "The Karma that caused conception has ripened to a termination, although the dependence for continuing the series constituting the term of life be not exhausted. Death by the exhaustion of the natural term of life occurs when the span of life, the nutritive powers... proper to any given grade of existence come to an end..." (Warren:282).

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A midwife or doctor could not be blamed, unless it was felt they did not help as much as they could have.

A child lacking in merit died. Such individuals, for some reason, did enough at their own birth. Words of comfort to a surviving mother were, "your baby did not have enough merit to live." If particularly sinful, it died after making delivery unusually painful. "Once a child was born dead, but it teased the midwife by moving its legs a bit. Consequently, its death was not the fault of the midwife." The child's lack of merit was proved by its death and its maliciousness. There was no hostility towards any child born in a hard delivery, for if both mother and child survived, the demerit that caused the suffering was the mother's.

On the other hand, a meritorious woman with a meritorious baby had a short, easy delivery. Such a child was considerate: "he will not hurt his mother, will help her to bear him easily, and will live."

A woman who safely came through childbirth felt deep satisfaction and new security. Bearing a child in itself did not bring any merit, though it was an act of mercy. Merit could come later with the ordination of a son. However, why one woman had successful or short labor, and another not, was unequivocally clear and accepted. If delivery were normal, she was confident of her and her child's store of merit. If not, she bore the anguish, convinced that she had brought it on herself in some previous life. Since sins were worked off with pain, every thrust made her future lives happier. Fear was minimized, for if death came, it was merit-determined.

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Moreover, her life would some day begin again. Whether birth was rapid or slow, the experience of the suffering deepened her sense of compassion and, as will be shown, brought her closer to fulfillment of her life role.

Habit

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If mutual help organized relationships, habit (khon) stabilized them. Khon means "to be used to, accustomed to, habituated." A first occurrence was an example and set the pattern for all subsequent occurrences. With one performance one was accustomed to an action. For instance, shortly after the temple was built 2 people died, deaths in Bang Chan "always occurred in pairs," it was the temple's "habit." Moreover, "the head priest could never expel a priest because he had never done so." Again, a few women saw to it that during this period their babies were given a few grains of rice (even though they were far too young to be offered rice regularly), so that "later on, if they got sick, they could always at least eat rice," for "they would be used to it." "Glutinous rice was not good for babies in Bang Chan, but in North Thailand (where it was a staple) it could be eaten because people were used to it." Someone had set the example which started the custom.

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1. Bang Chan's Buddhist phrasing of the meaning of pain and death in childbirth seems to indicate that childbirth occurred under psycho-cultural conditions that induced relaxation and reduced fear and pain. An "easy" delivery lasted 2 hours. According to a modern medical theory, Dick-Read: Childbirth Without Fear, passim) lack of fear of childbirth leads to mental and physical relaxation which in turn reduces pain and labor. Dr. Dan Bradley observed that labor was shorter among Siamese women than among non-Siamese. "Facts seem to prove that parturition is both shorter and easier to Siamese mothers than is usual to Europeans and Americans" (Bradley, 1885:79). We accept his first-hand observation because he had 40 or more years of experience in delivering babies, both Thai and non-Thai (missionary wives, etc.), and suggest that it may be taken as proof of mental and physical relaxation derived from lack of fear. Although the missionary women may have been frightened because they were in a far country, Dick-Read argues that fear of childbirth has long been present among American women and this fear has the effect of longer, harder labor.

153 of making poor milk. Any woman whose milk flowed early and
 853 well needed no example, for she was seen as having the
 habit as an in-born characteristic so deeply ingrained that
 it came through from a previous incarnation.⁴³ After nurs-
 ing was established by the mother, babies were not often
 given over to another woman's breast because they were
 reputed to refuse it, "being not used to it."

In sum, the nursing patterns in Bang Chan varied with
 the previous lactating experience (if any) of the mother,
 and the ordinal position of her children.

(262) Hauck shows the old way of establishing good eating
 (845) habits in a baby. "If a mother ate small amounts of many
 different kinds of foods while lying by the fire, the child
 would not get diarrhea when he ate these foods for the first
 time (1959:12). Through the beneficial effects of the
 fire, any deleterious qualities of the foods were eliminated
 (as we shall see in "The Fire of Maturity") and the child
 had his first experience with these foods in the breast
 milk.

153 Bang Chan's life was full of secondary opportunities
 for starting new habits. Every rice crop, every boat
 purchased, every house built, and all the rites of the life
 cycle could, if handled properly, start a fresh and fortu-
 nate sequence on its way. We shall have more to say of this
 in discussing maturity.

789 Imitation

844 The familiar principle of imitation (Anuman Rajadon:
 132), the influence of like making for like, operated
 throughout daily life in Bang Chan. An action, event or
 presence emanated an analogous influence on its surround-
 ings. A woman returned from a visit to the midwife with all
 possible speed in order to achieve a speedy delivery of her
 child a few weeks hence. Another pregnant woman visited
 the temple on the final day of the rainy-season Buddhist

[829] 43. Bradley's informants gave an example of a deeply
 ingrained habit: "European and American mothers can better
 dispense [with the fire-rest] because their own mothers
 from time immemorial have never been in the practice of the
 custom, and consequently their constitutions do not at all
 require it (p.79)."

retreat (phanaa) in order that her child would come out (ph) more easily. Here none sought to divide the worlds of the natural and the supernatural, or to mark off "imitative magic" from the "learning by example of the natural world." A stronger influence came from more powerful agents, so that the effects of the Buddhist temple carried greater effect than the actions of a mere neighbor. Yet any like influence was of aid, especially in a verbal similarity. Thus, an event occurring on a Friday was apt to be auspicious because the Thai name for Friday contains an element identical in sound (though etymologically different) to the word for happiness (phanaa Friday; ph happiness), and for the fortunate status of true adulthood (ph mature, ripe).

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Stability in a Floating World

In explaining why some children were "born easily and were easy to raise" (phanaa) certain persons simply said, "They were born into the right family. Those born to the wrong family usually die." In defining the "right" family, merit, habituation, and helpfulness converge.

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Most families were thought to live together as a group in life after life. In view of the separateness of souls, how was this brought about? The key lay in the conviction that people who made merit together met in future lives. Since most merit-making was undertaken as an enterprise of the nuclear family, sometimes with close kinsmen and friends, they would find each other. Some of the eagerness of friends to help (phanaa) with cash or labor was in order to meet in later lives. These persons were used to each other, used to helping each other, and so might marry. Thus, if they lived rightly, the nuclear family, maybe with an infusion of beloved old friends, expected to carry on in the next existence. Although a family's prosperity proved its merit, and its wealth facilitated making more merit, continuity in time was not limited to the wealthy. Proof that a couple had been married in a previous life lay in the birth of a boy as first born. Such a couple was known as a "phu" (pair), and divorce was held to be highly unlikely.

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How did a child find its "right" family? After whatever necessary stay in purgatory, the khwan soul of a deceased member roosted in a tree near to its old home, then flew into an accustomed womb. One recalls the start of the blessing (p. 48), "Come, khwan! Come my own child!" A woman hoped that the khwan was one previously born to her. "A couple lost its first child. Later the wife was fearing for the life of their sickly second-born." The husband said, "It is according to your sin and merit. If the child is your own child, he will live with you. If not, he cannot."

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761 Since only meritorious children were born into the
 775 "right family," they were helpful and so easy to raise. The
 593 easiest to raise were reincarnations of babies deceased in
 829 the mother's present life. "A girl of three died. Her father
 782 dreamed he was at her coffin. She asked for water which he
 gave her, then brought her home. Months later a boy was
 born, so easily raised up that people knew it was a rein-
 carnation of that girl." Here amiability and the change to
 male sex demonstrated merit. In another tale, "a woman lost
 many babies at birth. Her husband, thinking it was the same
 child trying to be born to that mother, marked the forehead
 of the last deceased baby. His surmise proved correct,
 because the next baby born had this mark on its forehead."

This assumption that a woman's children were born to
 her over and over led to a measure of control over the
 cooperativeness of the child in the womb. A child trained
 to "good habits" became a meritorious adult who, when re-
 born, would of course "help" his mother in childbirth. It
 was advisable to set one's own child into paths of proper
 behavior, for he could be born again to a descendant, and
 in all likelihood to oneself.

On the other hand, families were not closed groups.
 "Like a leech that sticks in one place, then goes to stick
 somewhere else, so a deceased person may be reborn some-
 where else," said a priest. The marriage blessing stated,
 "May angels, not criminals or beggars, reincarnate as your
 children." Thus was explained why upright parents might
 have a disobedient, roaming child. He had roamed into a
 new family which perhaps he had met during a pleasant
 casual visit to them in another life. If he did not stay
 home to make merit with his present family, a wayward child
 would roam out of it as easily as he came in. Here was the
 ultimate danger in visiting around too much.

761 Because all individuals lacking in merit died off at
 593 birth, some of whom because they got into the wrong family,
 782 a selective process continuously weeded out the extremely
 non-meritorious so that those who were born usually sur-
 [163] vived. In fact, Hanks's figure of 98.6 live births
 (1956:33), the percentage of total pregnancies shows how
 many meritorious babies were born to the right family!

852 The Winnowing Ceremony

844 This ceremony, described in Duan's tale, was usually
 774 performed shortly after delivery, though it might occur
 anytime during the first three days of a baby's life. The
 child, placed on the tray (twins were laid together or
 separately) was claimed by the mother or the father, who

called out "Mine!" ("khong chan" [female speaking] or "phon" [male speaking]). Never did a parent say "ours!"⁴⁴ Sometimes the mother might ask a relative or friend present to claim the child, and so become a godparent.

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As the first human step to control the volatile khwan, the first objective of winnowing a baby was to seize it (kan rap khwan) and so "complete" the child's person.⁴⁵ By tying holy thread at the wrist and ankle soul-exits, the khwan which had flitted in and out of the womb was given root. It was still flighty, but now it had a life-long home.

Secondly, the child was given membership in a human family. Connection through blood and semen did not establish kinship. At first, the child hovered between corporeal and non-corporeal existence. "The child is not fully human for the first 3 days." This period was under the supernatural control of Mother Sū, for babies "never died during the first 3 days after birth. They might be born dead or they died 5 or 7 days later." The shock of dropping the child on the tray "made him forget his life as a spirit." When someone cried "mine!" the child finally cut his relationship with the spirit-world. As an old woman explained, "The ties are the important part [of the ceremony]. They show that the child belongs to someone. Once a tie fell off one wrist. The child cried and cried until it was restored," fearing its lost khwan would attach itself elsewhere. The claiming set up kinship as a contract before witnesses. Whoever announced responsibility for the child's care, and this was usually the mother, deserved reciprocal care in old age. Other relatives would also help to bring him through to maturity. He would not be so frightened of an evil spirit because of family support, nor of the "ghost of an ancestor" who would be recognized as a relative.

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Third, the ceremony strengthened the child. By giving him through the ties a stable khwan, he "grew better, cried less, and did not get sick."

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The incorporation of as many auspicious elements as possible into the ritual was customary. Since the child took

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⁴⁰. A winnowing tray (basket) had the capacity to "trap" spirits. It could seize or trap not only the khwan soul, but, at New Year's, one of the fun ghosts (Textor[17]).

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⁴⁵. There is no convenient way of expressing "cure" in Thai in this restricted sense (id.).

Chapter VI

MIDWIFE AND MO

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In Bang Chan it was easy to ask, "Who has delivered babies?" The answer would run into dozens of names. To respond to "Who are the midwives?" an informant would give the names of 5 or 8 persons, then add, "Some people call them professional midwives but some do not. X is not a midwife but she knows how. Y delivers babies, but only out of pity. Z has delivered 30 babies or more, but she is not a midwife." If asked, "Are there doctors among those who deliver babies?" he would say, "MO (doctors) never deliver babies."

Before a definition of a midwife is given, a general picture of midwifery in Bang Chan is needed.

• 844 The Practice of Midwifery

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Normal childbirth, a cooperative venture between mother and child, was not an illness. It called only for the help of kin or neighbors. Anyone who had seen or experienced childbirth at least once before was considered a possible, though not necessarily competent, "deliverer" of a child. The husband was supposed to be present to assist; failing whom a father or brother should attend. Consequently a good many men had witnessed birth. The spectacle was disliked, however. Anyone, though, young or old, male or female, "kin or not, might offer or be asked to help. Private magic was not essential, though it was necessary for someone with incense, flowers, and a candle in hand to inform (hok), the Lord Buddha, the ancestors, and the ordinary protective spirits of the land and home and so enlist their help. The customary post-partum rituals and blessings were not esoteric. Enough popular astrological knowledge was known, or quickly and freely available from a priest at the temple to orient the woman in labor. Consequently, many a woman was delivered by her mother or other kin. One poor farmer and masseur, with the assistance of his sister, delivered all but one of his own children. On another occasion, a visiting kinsman, by chance a medical orderly in the Royal Thai Navy, safely delivered a relative. In all these cases the cost or "gift" was less, or non-existent, and the convenience

greater, for relatives were at hand. Some of these ordinary persons developed skills of considerable consequence.

If difficulties developed, then a more experienced person, preferably a midwife, was needed. But many a midwife assisted at normal births. Because difficulties might arise from a deficiency of merit either in the mother or the child (one could never know which), many women preferred to have in attendance, for peace of mind, either a midwife or an experienced person to insure the presence of expert help. Sometimes they were engaged in advance, more often just sent for "as pain is increasing," it being not always certain whether the case was normal or not.

A few women were delivered at the Minburi Health Center. These were rarely normal cases. The Center was turned to as a last resort in dire circumstances, with the result that sometimes the woman died in the boat on the way. A few persons of rather more modern outlook, such as wealthy farmers, teachers, and traders, had been delivered there and recognized its usefulness.

The midwives lived in all parts of the community, with 3 in the populous central temple area. No one was more than a half-hour's paddle, or an hour's walk from the home of some midwife. What was desired, however, was a particular person, even though he might not be the most accessible one.

Since midwives were all heads of large families their clientele was mostly their kinsmen. They also took care of non-kin who lived in their locality. A daughter or other close relative who had married out would be attended wherever she was, if she did not return home for confinement.

In choosing a midwife, a parturient sought out not only skill but favored a kinsman over a non-kinsman, a close relative over a distant one, a near person over a far.⁶³ Occasionally, to sustain an image of progressiveness, social superiority or of wealth display, a midwife from outside Bang Chan was imported. Sometimes proximity, convenience, and

63. A male and 2 female kinsmen-midwives were called by the man's sister to deliver her, and all came. He did not deliver her because she was "too close a relative," but he said a brother "could deliver a sister."

The Role of the M^u

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844 A M^u never delivered the baby and never even touched a woman in labor, for this was not part of his specialty. If labor were slow, or weakness were setting in, he came to give a decoction to raise the fire element within the body, speed up the winds and so strengthen the contractions. He also gave holy water for general strength and to clear out, if such there were, any obstructing spirit or magical disease object like khun. Because of his experience, though, he might stand beside the midwife or other woman instructing; for instance, "Pull now!" "Watch out for the eyes!" His advice was more often sought after childbirth if fever or swollen body were in evidence, for these were the results of "inadequate outflow of blood and fishy-water." Because they were called in case of debility, the M^u were the ones who suggested when it was advisable to send a parturient to the Minburi Health Center.

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84 No priest-M^u was ever called for childbirth because of the contact with a woman's genital area, though they were consulted on menstrual and pre-natal irregularities.

759 The Specialty of the Midwife

[192] Midwives were called M^u tamya (doctor-expert-in-occultism; pounding, as in a mortar [McF. 355] crouching, [McF. 382]). There were 4 or 5 women, both Buddhist and Muslim, and 2 or 3 Buddhist men, who had delivered 100 or so babies apiece. They ranged in age from 50 to 70. Dozens of women had delivered babies one or more times but were not accorded the title of midwife.

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845 The foundation of their specialty was a greater than usual manual skill, developed over long experience. "We have only our hands," said one woman. The more expert could handle certain mal-positions, and did not hesitate, but only with permission, to put the hand into the vagina to turn the baby or "unstop the blood." They were better judges of the progress of labor, whether normal or slow, and of the symptoms of debility. They were more likely to keep calm in the face of extreme suffering where the parturient's relatives, over-eager in their desire to help, sometimes inflicted

by instruction from a ritually⁷¹ approached teacher. "One cannot accidentally learn. One has to ask to be taught." As a practitioner in this field, the title "na" signalized expertise; where teaching was involved, the title was khru (teacher [McF. 183]) or achan (professor [McF. 990]). Speech was the key to this tradition, in spite of sacred books and wall-carvings in the temples.⁷² Modern education, being book-and-teacher based, shared in this aura. There, even today, listening is more comfortable than reading.

Techniques of the practical, natural world were learned not by teaching but pragmatically by observation, example and experience. Eyes were the key. "I know because I saw," said a midwife. At the highest level of achievement in the natural world one was expert (nak), e.g. convict (nak thut, an expert in being punished) a tourist (nak thiao, an expert in roaming around).⁷³ Within the natural world, an intense pragmatism reigned always emphasizing visual phenomena. People were keenly

71. To speak ritually one held in the hand the trio of incense, flowers, and a candle. This was the way to cross over from the profane to the sacred world, to inform (nak) or make a request of, a sacred being (a teacher, priest, king, or deity). The tiny flame of the offering invoked holy fire, and so had the effect of making one's words compelling, for no one could gainsay a request under such circumstances. A husband about to deliver his wife held incense, flower, and candle in hand as he requested the help of ancestors and spirits. (Bishop Pallegoix saved the existence of his mission by thus approaching the King [Pallegoix, Vol. 2:201]). The trio of offerings, whether at the corners of the lying-in fire-floor, or in "bat phli krathons" at a "than khwan" rite, or even in an ordinary khwan khao made all actions and words compelling.

72. Because words, immaterial and invisible, lay at the base of occultism, words as continuous agents of power permeated Bang Chan's ordinary daily life. This was why words, verbal play, and punning initiated action: pregnant women attended the monks' "coming out of retreat" (ak phansa) so that the child would "come out" (ak) easily.

73. It should not be forgotten that most activities in the supernatural world had their technical sides, and the term "nak" was used there too. A curer had to learn his herbs; a dancer, his steps; and a master of ceremonies, the words of the chants.

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to make use of modern facilities one suffered confusing and unhappy experiences. Bangkok traffic was dizzying, even if one knew just where to go. Hospitals had beds, not mats, and the personnel were strangers. Foods were often unfamiliar or violated traditional injunctions concerning heating and cooling. People were brusque, impersonal, and overbearing to country people. One woman complained, "I am afraid of the doctor there. She scolded me and does not treat me like city people. She will not explain what the sickness is." Minburi's clinic was small, set up in more familiar terms, and the staff known personally to many villagers.

Finally, there was the problem of finding an experienced escort, i.e. someone who "knew the way." More was involved than just convenience. In all walks of Bang Chan's life, no one ever presented himself to a school, to a household, anywhere, without a personal introduction from someone who had been there before, and so was accustomed (*khosi*) to it. It was not hard to find someone who had been to the Minburi Health Center, but it was difficult to find one who had been to a hospital in Bangkok, knew what to do, and had the time, money, and inclination to act as escort. The latter was always a relative by blood or marriage or the sick person's mo himself (Hanks and Hanks, 1955: 160). Actually, five or ten persons might accompany an ill person, only one of which was acting as the recognized go-between. Many of those who had been to a hospital or clinic as patients had previously accompanied others merely as escort, or to visit (Goldsen and Ralis 1955:31).

Who had actually tried modern medicine for one reason or another? About a third of the household heads had used some modern clinic or hospital for treatment or hospitalization (Goldsen and Ralis 1955:31). Use was more frequent among (1) the literate, (2) those exposed to the mass media of radio and movies, (3) those accepting certain urban ways, and (4) those having greater contacts with the city in the way of visits, but users were not of a noticeably higher economic level (*ibid*:37). Women went no more frequently than men (*ibid*:32). No figures indicated how many of these occasions were for childbirth, but our interviews point to a small number. Taking the will for the deed, two women teachers who appeared to be the first to plan ahead to be delivered at the Minburi Health Center--but who did not get there because labor was too quick--seemed to be viewing the use of modern methods as a means to higher status.

Why was modern obstetrics so largely eschewed? What had been Bang Chan's experience, unfavorable or favorable, that colored their attitudes? First, home was the most convenient place for care. Bangkok was ruled out categorically as too far. In fact, Minburi might be too far if labor manifested its normal celerity as the case of the two teachers showed, or if complications had developed. Furthermore, a Chinese resident of Bang

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Chan during a period of residence in Bangkok was delivered at the Women's Hospital and at a later pregnancy at the Minburi Center. With her last baby, however, she elected to be delivered at home by the local midwife as more convenient in order to assure from her bed supervision and proper care for her other children. One young woman of very high social and economic standing preferred to import a midwife from a community six kilometers down the canal, and bear her child in her own home rather than attempt getting to a hospital.

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Moreover, basically the Minburi Health Center was seen as a place for sick people, while normal childbirth was not a medical matter. To plan ahead for medical care there was to invite an abnormal delivery. The Center also suffered a poor reputation for success because difficult cases, hopelessly advanced, were the usual ones brought in. "At the Center are many ghosts," people said.

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Some comments were genuinely favorable. The cleanliness of the hospital was greatly appreciated. Anyone who witnessed the skill of the doctor or nurse-midwife held it in respect.

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Techniques of delivery were sometimes mistrusted, sometimes admired. "They pull out the child with their hands, which is dangerous." "The fecal pump is unnecessary." "One may not crawl during labor." A midwife who witnessed the nurse-midwife at work said approvingly, "She can force a baby out, but our midwives can only press harder," and "The hospital knows when a baby will come." The stopping of the flow of birth fluids by an injection was resented as affecting strength adversely, yet the injection that "made the placenta come so fast I couldn't notice it," or "gave the mother strength when the baby was stronger than she" was liked. The pills for pain were enthusiastically received. The hospital's closed windows "protected the baby from wind element," but the journey home dangerously exposed it and the mother to cooling wind. The dietary recommendations during recovery appeared wrong: eggs, which were "too cooling," or fruit, which "gave no strength." The suggestion of a nurse that scissors be used to cut the cord was resented as uncomprehending of village living problems ("we haven't any!" and "scissors always rust") and also as unwise ("rust gives tetanus poisoning").

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Another criticism was the lack of personal warmth and pity manifested by modern physicians and nurses, unlike the attentive, reassuring midwife. By forbidding abdominal pressing, they were accused of "not doing enough," even of

"not wanting to help." The mother and baby were seen as having to fend for themselves. The very confidence built up in modern medications led to a conviction that doctors maliciously withheld available, effective medicines. "She died at the Center because she needed medicine but was not given any." Personality factors sometimes were involved: one doctor was considered incompetent, fearful of complicated obstetrical cases, and brutally indifferent to a countryman's views and circumstances-- ("Since we have no room, why don't you charter a bus to take your parturient wife to Bangkok?"), whereas another was friendly and wise. Since doctors were part of the respected government hierarchy which enjoyed superior knowledge and status, and also of the supposedly compassionate medical tradition, they were expected to be competent, kind, and protecting. Those who failed in winning confidence undermined the status of modern medicine.

The midwives themselves thought of the Minburi Center not only as a recourse if a case were in deep trouble, but also as a personal convenience. One male midwife, who was also a headman, ~~and~~ and carpenter-contractor, was often too busy to stay with a woman in prolonged labor. To turn her over to another midwife other than a kinsman would damage his reputation. Knowing Minburi well, he found the Center a convenient solution to his dilemma. He had respect for the nurse-midwife's skills, which he had witnessed, and regarded the doctor as a colleague on his own level, a view probably not reciprocated. The women midwives, too, always considering themselves at bottom volunteers, when faced with pressing home chores and the "impossibility of turning a relative over to another midwife," utilized the impartial service of the nurse-midwife. One cloud impeded the female midwives from making full use of the occasion as an opportunity for observation and so instruction. They refused to identify themselves as midwives out of fear of legal sanctions. Having neither taken the course prescribed by the government for "ancient" midwives nor paid the fee, they were not licensed. Thus, they lived in dread of fines if their calling became known outside the community. They knew they were permitted to deliver babies within the family, but outside those rather hazy boundaries, they took refuge in an old view, "I am not a midwife. I only help out of pity."

All in all, the people of Bang Chan had fitted modern medicine into their broad medical scheme where it could be accepted on its merits, if not blocked off by inconvenience, high cost, and discourtesy.

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Chapter VIII

CHANGES

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In studying change in the customs surrounding childbirth in Bang Chan, we have D.B. Bradley's description of birth in Bangkok in 1865 as a base-line on which to project our findings. Since most of the population of Bang Chan (Thai, with a few Leotians, Mon, Muslims, and Chinese) stems from Bangkok, we may reasonably assume that the parallels derive from a true historical connection. Bradley's description fitted Bang Chan as if written today:

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"Siamese theory in regard to the part which external and internal fire plays in the functions of life and health is made to work powerfully...There is, at such times, a diminution of heat in the body, and consequent liability to stagnation of the blood, which, if not guarded against by fire, will leave the uterus flabby and enlarged, bad humors in circulation, a consequent weak state of the stomach, resulting in the secretion of too little milk, and that of a bad quality for the child, all of which will be likely to be followed by a host of other fearful maladies to both mother and child...[Thus a woman lies by the fire]...exposing all parts of her body, and more particularly her abdomen, to that drying process, so that the uterus shall be forced to shrink up quickly to its normal dimensions, and the sanguineous streams which had been diverted to support the child before birth, shall, by fire, be driven backward to their more usual limitations, all which is...a signe que non to a sound constitution and good health in the future..." (Bangkok Calendar, 1865:78-84).

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Bradley showed that some behavior-one might call "change" today was a recognized alternative in 1865. For instance, in Bang Chan a few women "are made too unhappy (klum) by the fire so cannot use it. They should take extra amounts of pickled medicine" (ka dang). Bradley wrote, "a few delicate females...who cannot endure [this] usual treatment, are compelled, against all their...fears of the consequences, and all the importunities of their

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friends to say positively that they cannot and will not endure it. For such, some other course has to be taken by the use of "...medicines" (p. 81).⁷⁴

The most noticeable modification in the customs of childbirth was the shortened fire-rest which had shifted from 29 or 30 days, to 9 to 15 or less; this was practiced by everyone.⁷⁵ Another conspicuous change adopted by a few dozen persons was the substitution for the open fire of a heat-making contrivance, in particular the hot-ashes or charcoal burning container (chamber or fire-box: *fai chut*) and the hot water bottle. (The hot brick and wrapped pot of hot salt were probably old alternatives.) New, of course, were the occasional utilization of the Minburi Health Center; the second class doctors; and, somewhat more generally, the novelties of the market, such as flowered net-frames, mits, shirts, pillowcases, and pacifiers. There were a few other changes noted.

Who took up the innovations? First, they were women who had already successfully borne a child, undergone a full fire-rest, and were bearing their second or later children. Being already ritually mature (*guk*) and of proven competence in childbearing, they had no reason to fear a change and nothing to lose. Age and experience gave them the self-confidence, authority, and interest to ponder their experience and decide on ways to increase their effectiveness and their comfort. They had the right to do so because of the fundamental autonomy of the individual. Strong-minded old ladies might criticize the substitution of the hot-ashes container for the fire, feeling it was not hot enough to do the job, but they never questioned the woman's right to do so. The least likely to adopt

74. On the other hand, Bradley (pp. 82-83) was puzzled why his success in saving the life of so revered a personage as the Queen by taking her off the fire, a move so thoroughly approved by the King, did not cause universal abandonment of the fire-rest. He was not aware that many a *ma* did the same (with the possible exception of the sponging with tepid water), that as a *ma*-with-a-particular-specialty he could do anything he wanted but no one would copy it without personal formal authorization, and that he was up against the deeply-rooted rite of female maturation concerning which even royalty had no authority (Bangkok Calendar, 1971:107-109).

75. We have no data on whether this shortening process set in in the 1930's, or after World War II in the late 1940's. The month-long rest was universal in the 1920's.

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home brew; rub-on medicine (yā chup) instead of a fire or fire-container; canned cows' milk, and nursing bottles for the baby, and the bottles washed with salt; the transfer of a baby from the tray to the cloth cradle before the termination of the fire-rest because "he needed fresh air;" and the rejection of the turmeric rub against the wind element as "dirty and ugly."

To use modern medical care was becoming prestigious. Most spectacular here was a case of a prosperous and educated man who had had 9 children, then "feared he could not feed them all," so underwent voluntarily a vasectomy. Patronage of the second class doctors who used modern medications but explained them in traditional terms was frequent among the well-to-do. The Minburi Health Center, a resource in case of over-long and difficult labor, was beginning to be seen as a fashionable place to go for medical care and parturition. The case of the 2 teachers who laid plans ahead to go to the Center (but their quick labor precluded attempting to get there) showed that prestige had a stronger lure than convenience at times. It was much more convenient to bear a child at home, yet one of these teachers even talked about wanting to be delivered in Bangkok at the Woman's Hospital, an extreme of prestige and practical inaccessibility.

The drive toward progressiveness led to conscious re-examining of those "old ways" that could be visually tested. One woman said, "There are fewer spirits (phi) nowadays." There was the mother who pondered the maxim about burning up all the wood collected by the husband to make a child finish tasks when he grew up. Finding it not true, she abandoned it at her next confinement. A man said that the old belief that papaya should not be planted near the house because "it dies easily and doesn't like water," and so would affect a child, was "unreasonable because the harm was not specific (e.g. a threat to skin or eyes). If specific, I might believe it." An opening wedge of disbelief was noted where a woman gave no bit of rice to her baby to start a habit for later benefite because "she was told but didn't believe it," and another who said the "winnowing rite was not important."

In addition to prestigious changes were those due to individual circumstance, taste or preference, and convenience unaffected by social aspirations. One woman rejected going to the Minburi Center for delivery and took up the hot-ashes container instead of a fire because she could better direct her older children, and "it was less hard on them." A poor woman took no medicine during pregnancy because she had no money to buy it. A comment that of recent years medicines were purchased because "women are too lazy to make them up" as in the old days, sounded more personal than socially significant. A change induced by lack of money was that "hot spices

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846 are less eaten today because they are too expensive."

[743] A slight trend towards depersonalization might be part of the sping of urban behavior, or idiosyncratic, or of more general significance.⁷⁶ The Minburi Health Center may have been used to avoid certain face-to-face situations. A woman whose labor was prolonged was taken there by her (male) midwife who had to get to a meeting. He preferred the impartiality of the Center to turning her over to another midwife. A woman took up the hot ashes container so "others" would not have to wait on her." Another appeared to have obtained a midwife from outside the community rather than seek out someone inside and closer at hand. A very poor woman used no boiled water because of inadequate help in the household to prepare it. Whatever the circumstances of her social isolation, ordinarily kin or neighbors would have seen to it that this job was done. This episode too was watched by neighbors who commented that since her health remained good, boiling might be unnecessary. Finally, to advertise certain medicines, a firm handed out yan, the magically inscribed cloth, to suspend on the holy cord that surrounded the mother. This was a long way from the personally inscribed "yan" of old.

[177] A final reason for the acceptance of change was the larger number of choices of behavior because of a broader horizon. Bang Chan had never been an isolated community, for pilgrimages and visiting through easy boat-travel had been for decades part of its life. Yet the growing number of literates, the establishment of bus and other transportation services to the city, the experience, for a few, of work in Bangkok or of military service in Korea, the continuous association with non-Thai, (Chinese, Muslims, a Cambodian, and now the Americans), and the now somewhat diversified economy of the community all led to the increased familiarity with other ways of doing things. Patterns of childbirth were already reflecting this awareness.

Unchanging in the scene at childbirth was the necessity of supernatural assistance, and heat to ripen and restore the mother.

76. I feel this evidence is slight, and set it down merely as a point for future observation.

Chapter IX

GUIDES FOR THE INTRODUCTION OF CHANGES

The government of Thailand provides in Bangkok and in other centers of the country up-to-date facilities for training in modern midwifery. It has also created in some places special opportunities for the traditional midwives to upgrade their skills. One of the objectives of the Minburi Health Center was to carry on a certain amount of instruction in modern views. For reasons that have been explained, no one in Bang Chan ever had or even sought modern instruction. The midwives of whom we have spoken grew up entirely in the folk tradition.

On the basis of the material presented at length in the previous pages, a few suggestions are here advanced which may be of help to these public programs in maternal and child health.

1. Build a program around the idea that it will help women in their age-old role of caring for, raising, and nourishing (liang) children. Emphasize that through new techniques they may increase their strength and care better for themselves and the babies.

2. Change existing practices as little as possible.

3. When a change is offered, ask that the midwife, mother, or whoever observed it watch for certain results which allow them to judge it in relation to the old. The idea is strong that aspects of the natural world can be analyzed and considered pragmatically, then legitimately utilized as a basis for modifying customary behavior.

4. Pay special attention to the places where the old and the new come into conflict and seek ways to resolve these conflicts.

As an example, let us consider these points in relation to cutting the umbilical cord. Modern instruction recommends the use of scissors--neat, sterilizable, handy--to avoid infection while cutting the cord. People in Bang Chan wish to avoid this infection, too, but for them scissors are unsatisfactory for several reasons: they are scarce, they rust--and

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this rust is believed to cause tetanus--and they are unsuitable for the ritual objective at the moment of cutting. It will be remembered that cutting the cord on a rhizome of phlai or soil with a bamboo sliver from the housepost guarantees that a child will not roam away from home. Could the bamboo sliver be dipped in "heating" alcohol, or passed over the flame of a holy fire? Could the old family kitchen-knife--long associated with the household--be substituted and dipped in the beneficial heat of boiling water? Such a knife once was substituted on the winnowing tray. Might the phlai or soil be covered with a boiled, clean, old cloth? If modern science succeeds in coming up with an acceptable substitute, one sees the possibility of a very small change making a big difference in the amount of tetanus poisoning observed (Hauck, 1956:41). One should then ask the midwives to watch as to whether the new method reduced the infection called "death because of a red or green face and clenched fists."

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In diet "the concept that a good choice of food is important to the health of both mother and child" (Hauck, 1959:2) was very much shared by modern science and by traditional ideas but the basis of choice was entirely different.⁷⁷ Modern science has ascertained that certain foods are beneficial because of certain nutrients, while old beliefs have set up certain foods as desirable because of properties of heating, cooling, compatibilities with the elements, etc. The nature of these properties should be collected and listed. If dietary deficiencies in Bang Chan are noted, the foods that combine the needed beneficial qualities in both systems should be stressed. A hot-tasting tonic (ยา) with appropriate dietary supplements, to be taken daily during pregnancy, and another kind during the post-partum period, might be acceptable. The period of the fire-rest is the best place to initiate dietary changes for whatever is done by the fire becomes a habit beneficial to mother and child. The use of boiled water should be encouraged as "making for gain, disturbance of customs is minimized, and the presence or absence of "increased strength" and healthiness can be observed experientially.

77. Hauck felt the concept was lacking, but it appears only that the grounds of choice were different.

APPENDIX

MUSLIM CUSTOMS IN BANG CHAN

The small Muslim minority in Bang Chan though maintaining its identity, lived scattered through every hamlet, with the heaviest concentration around the mosque at the southern edge of the village. The occasional inter-marriage of Buddhist and Muslim was eventually amicably adjusted to the community and the religion. Some Buddhists manifested a veiled hostility in calling the Muslims "stingy." One said, "Muslims have expensive medicine to induce abortion, after which they might kill the baby. A Buddhist would use this medicine to help deliver, but would not dare take life." The Muslim reputation as a source for powerful magic, especially for love and sorcery, bespeaks some edginess in the relations between the 2 ethnic groups, but Buddhists sometimes sought out the benefit of this magic.

In spite of these separatist tendencies, the Muslims were fully Thai citizens, and participated as equals with the Buddhists in the economic, political and much of the social life. The 2 groups were in many respects interdependent. The Muslims did not object to taking life, so acted as butchers for the Buddhists. Muslims were frequent patients of Buddhist ~~monks~~, whether priests or lay. The only Muslim who did a little curing was the Te Imam, head of the mosque, but few if any Buddhists came to him for cures. Because every ~~monk~~ gave an annual ceremony of homage to his teacher attended by everyone who had benefited from those powers during the year, Muslims and Buddhists met amicably at several large feasts. These festivals were public displays, very competitive in feeling, of the success of the different ~~monks~~. One became the largest of the village-wide festivities. Buddhist women attended the Muslim female midwife, teacher-rites, and vice versa. Buddhists and Muslims, especially the prominent families, attended each other's home ceremonies, such as weddings, tonsures, and that part of the ordination held in the home (the ~~tham khwan~~). Separate kitchens were established at large Buddhist ceremonies so that Muslims could safely adhere to their own dietary regulation, the avoidance of pork. No such arrangements had to be made at Muslim ceremonies for Buddhists had no food taboos, and loved Muslim cooking.

Midwifery was an area of frank, harmonious interchange, with midwives of either religion often attending women of the other. Buddhist male midwives were allowed by the Muslim husbands to attend their wives, though female attendance was preferred. Satisfaction was expressed by Buddhist women over

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759 the slight differences in ministrations. "The Muslim mid-
 795 wife massages more than the Buddhist." The women easily
 844 entered into reciprocal courtesies. The Muslim woman knew
 591 the steps in the Buddhist winnowing ceremony and performed
 [852] them as desired. One Buddhist mother dispensed, however,
 with the winnowing "because the midwife was Muslim." A
 Buddhist woman made up the khwan khao in the fashion
 specified by the Muslim midwife and participated in the
 latter's teacher-rite.

795 Certain fundamental ideas of the Muslims led to rein-
 779 terpretations of familiar Buddhist terms and activities.
 [774] "khwan" referred to the soul, but with no implication of
 [782] reincarnation. "sun," meaning "merit" to the Buddhist,
 [177] meant charitable giving in the sense of tithes, for Islam
 prescribed that a portion of one's income be given to the
 poor. On the other hand, the Muslims had taken over many
 Buddhist practices: for one, the acceptance of Buddhist
 holy water as a cure for spirit attack.

795 Completely Muslim was the stress on physical and
 [883] moral purification as an objective of every rite, and
 [304] conversely, the prevalence of the idea of defilement.
 [164] "Circumcision is to cleanse the body before growing up,"
 [831] it was said. Muslim mortuary rites were elaborate pro-
 [834] cedures for purification. When a Muslim baby died, the
 [562] Buddhist midwife said, "The body was cleaned before
 burial," implying thorough measures beyond his ordinary
 experience. Procreation was viewed as dangerous and
 contaminating. The behavior that hid sexual phenomena at
 the same time by constant prescriptions kept sexuality
 much more in mind. Muslims separated males from females,
 for example, at feasts. No Muslim male ever became a
 midwife.

795 The events surrounding childbirth illustrated the
 843 differing viewpoints between Muslim and Buddhist. In the
 844 seventh month of her pregnancy, a Muslim woman called on
 [273] on her chosen midwife, and gave her a gift of betel
 pepper leaves and areca nut to secure her services (khwan
 [795] khong: to deposit gold). On returning home, she went as
 844 fast as possible "to insure fast delivery." Since
 [562] Muslims frowned on liquor, their medicines were made up
 of hot-tasting spices in hot water. Yet one Muslim mid-
 wife prescribed large doses of liquor before and during
 parturition. For labor and delivery, a Muslim was
 stricter about utilizing the privacy of the small enclosed
 room, if there were one, while in the Buddhist house-
 hold "it could be anywhere" in the house. Muslim men,
 except for husband, brother, or father, were excluded
 from the scene. The Muslim khwan khao contained "7

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shial and bamboo cutter under the house "so the child would not roam away from home." The circumcision (shikn) performed up to the eleventh year, allied a child to a human group. "Circumcision is to accept the new-born baby into the status of human beings" In a corresponding ceremony for girls, the To Iman "cut a little piece of the labia." However, some Muslims had the full winnowing ceremony performed. If it were not, the child was raised aloft in the midwife's hands with the words, "Mother Si, Mother Sān, may this child be cool and happy!" The new-born baby was then laid in a cloth cradle. Fruits were hung over the tray or cradle. If a lactating Muslim mother accepted another's child to nurse, the 2 babies had to be of the same sex "lest later in life they marry, in which case theirs would be an incestuous, brother-sister marriage." The Buddhists entertained no such idea, so nursed babies of either sex as needed. A Muslim view of colostrum as "like pus from a sore" carried a more negative overtone than the Buddhist's statement: "At first the mother's milk is too dilute to be useful."

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At the annual homage of a Muslim midwife to her teacher each of her patients of the year sent a kilogram of sugar, one coconut, one or 2 liters of glutinous rice, and a hen (if a baby girl had been born) or a rooster (if a boy). The chicken was killed by the midwife and made into curries for mosque officials (men) invited to the ceremony. The incense and candles were burned "while she thinks of her teacher."

- 124 Information on growth in height and weight is based on obser-
125 vations of 71 children, most of whom were weighed and measured 6
or 7 times. For 30 of these children, observations were made
both before and after weaning.

HEALTH AND GENERAL CARE OF MOTHERS

- 145 Information obtained on menstrual history of girls and
women in Bang Chan has been reported previously (Hauck, 1956).
The median and modal reported age at menarche was 15 years with
a range from 13 to 19 years.

- 163 Most married women in Bang Chan had children, and of 438
pregnancies reported by 84 mothers, over 90 per cent resulted
in live births (Hauck, 1956).

843 Clinical History and Complaints During Pregnancy.

164 Most of the women interviewed reported no history of disease
which might affect, or be affected by, nutritional status.

Four women had a history of beriberi; 3, a history of
malaria; and one had active tuberculosis of which she later died.
In relation to the current pregnancy, 6 women had minor complaints
such as nausea in early pregnancy, faintness, and leg cramps.
The physician considered these as probably physiological. Of
the 4 women with more serious complaints, one who said she had
pain in the abdomen and legs and difficulty in walking had
manifest beriberi when seen a few days after delivery.

844 Delivery and Care of Mothers After Childbirth.

- 844 Information was obtained from 49 mothers concerning
125 delivery and care after childbirth. For 43 of these women,
ages reported were as follows:

<u>Reported Age</u> (years)	<u>Number of Mothers</u>
20 or under	7
21-25	11
26-30	12
31-35	6
36-40	6
over 41	1

The mothers interviewed had borne from 1 to 13 children.
For 8 of them, this was the first child; but 25, a majority,

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had 2 to 4 children. In each case, the information obtained related to the most recent delivery. 846
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Delivery. - In Bang Chan delivery usually took place at home. FOUR of the mothers we interviewed went to the home of a relative or relative-in-law. In two of these instances the relative was also the midwife; in the others the mother was apparently seeking a place where she could be more satisfactorily looked after than at home. 844
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Three women went to the Health Center at Minburi, about 3 miles from the center of the Bang Chan community, to have their babies. Two of these mothers expected to be delivered at home but were taken to the Health Center when labor proved long. All 3 returned home either on the day of delivery or the next day and lay by the fire. Two others, both school teachers, told us in advance that they expected or hoped to go to the Health Center, but when labor began they were unable to do so because their babies came so quickly. Aside from the 3 who went to the Minburi Health Center, only one of those interviewed went outside the community to have her baby. Informants usually considered the delivery uncomplicated; although, as noted, some labors were long. 844
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Traditional midwives, who were not professionally trained but had learned from other traditional midwives before them, attended most of the mothers. One woman who was alone delivered the baby herself, one said she had no midwife but did not specify other help, and 2 had the help of women who did not ordinarily practice midwifery. The 3 women who were delivered at the Health Center had professionally trained help. Obstetrics as practiced in Bang Chan has been described by Hanks (1959). 844
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Care of Mother During Postpartum Rest Period. - Traditional behavior during the postpartum rest period has been described by Hanks (1959). 846

Lying by the fire. - The ancient custom of (3)jun (1)faj¹ (literally to be by the fire) after childbirth was still observed by most women in Bang Chan. The chief difference between the practice as we observed it and as it was described in the Bangkok Calendar² for 1865 was in the length of the period. In former times this was as much as a month after the birth of the first child, with shorter periods for successive

1. See Appendix, p. 51 for glossary of Thai terms.

2. The unsigned article entitled "Siamese Obstetrics" was presumably written by the Rev. Dan Beach Bradley, M.D., a Protestant missionary who compiled the Calendar.

BANG CHAN

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164 [146] among children in Bang Chan is not known. One thing which residents of Bang Chan appeared to have in common with other populations which have been reported to be relatively caries free, was low intake of sugar, particularly in a form which would be apt to adhere to the teeth.

[701] Adults up to 44 years of age, in the random sample, retained most of their teeth. A few adults in Bang Chan have had missing teeth crowned. More sound than missing teeth were found to be crowned, however, i.e. in this community a crowned tooth appears to have cosmetic value.

759 [164] A variety of serious illnesses were found to occur among residents of Bang Chan. As a rule, local traditional practitioners were consulted first, but most persons reported to have been seriously ill eventually received treatment by outside practitioners with some training in modern medicine.

• [844] [742] The majority of mothers in childbirth were attended by local traditional midwives, but a few difficult cases were taken to the government Health Center in the nearby town of Minburi, where a trained midwife was in attendance.

165 [163] Of 438 pregnancies reported by 84 mothers, over 90% resulted in live births. Of the 397 living children born to these women, 81% survived at the time of interview. Within the first month of life, 7% had died, and a total of 11% died within the first year. Tetanus was prominent among causes of death of infants under one month of age. Infantile beriberi caused some deaths among older infants. In a majority of cases, the cause of death of infants could not be clearly identified, but fever, debility and convulsions were the symptoms most commonly described.

146 [164] Almost half of the persons examined for possible signs of nutritional deficiency, 46% of the school children and 47% of the family sample, were free of such signs. The remainder, slightly more than one half of persons examined, had from 1 to 7 signs each. In general, more of the children and adolescents than the adults were free of possible signs of malnutrition, and the larger percentages of persons with 2 or more signs were in the groups of older persons examined. Signs most often noted, namely changes in tongue, lips, skin and hair, and absence of knee and ankle jerk, might reasonably be associated with apparent deficiencies of riboflavin, vitamin A and thiamine in the diet. The only clearly defined deficiency disease observed among residents of Bang Chan during the field study was beriberi.

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Hemoglobin values of 11.5 g or less per 100 ml. were

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Table 14

Relation of Live Births to Total Pregnancies
as Reported by 84 Women in Bang Chan

	Number of mothers	Total cases	Percentage of total pregnancies
Pregnancies	84	438	100
Miscarriages	23	33	7.5
Deaths in utero	4	4	0.9
Stillbirths	3	4	0.9
Live Births	84	397	90.6

Illness and Injury

759 Medical Services Available to Residents of Bang Chan. - Within the community of Bang Chan, about 8 traditional "doctors" and 15 traditional midwives practiced their skills. Three of the traditional practitioners were Buddhist priests. The others earned their living chiefly by farming. In addition, two or three persons who were skilled at massage, and at least one medium had some reputation for success in treating sick persons.

743 The nearest source of trained medical assistance was Minburi, the market town about 3 miles from Bang Chan. The staff of the Minburi Health Center, which was under Thai government auspices, included a first-class doctor, a dentist and a nurse-midwife. One or two beds were available for the use of critically ill patients until they could be taken to a hospital in Bangkok. For less critical illnesses, the second-class doctors who operated private clinics in Minburi seemed to get more patronage from residents of Bang Chan than did the doctor at the Health Center.

• 844 The majority of women in Bang Chan were delivered at home, by the traditional midwives. During 1952-53 we learned of two pregnant women who planned to go to the Minburi Health Center for delivery, but time did not permit them to carry out their plans. Some cases of prolonged or difficult labor were, however, brought from Bang Chan to the Health Center, where a labor room and a delivery room were available in a separate wooden building. Facilities were very simple. Patients lay on

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mate on the floor as most of them would have done at home. Relatives were welcome; indeed they were supposed to come and help.

Nature and Incidence of Illness and Injury, and Treatments Sought by Residents of Bang Chan. - Evidence concerning the nature of illness and injury in Bang Chan was obtained in connection with the clinical examination of school children and persons in the random sample of village households; from questions in two types of structured interviews with household heads: 1) in the entire village, and 2) in one hamlet, KY-7; and from the field notes of workers associated with the Cornell Thailand Project.

In connection with the clinical examination, information was obtained from heads of 30 of the 31 households whose members were examined (See schedule in Appendix A). In this group, none reported any accident or injury, and 26 said that no member had been ill within the year. Illness was reported as occurring in 4 households only. In one of these, a 49-year old man reported loss of sensation over the extremities and other symptoms which led the physician in the research group to conclude that he had beriberi. As treatment, this man had used an herb recommended by a priest, a native medicine given him by a neighbor and had gone to a private clinic at Minburi where he received an injection. In another family, a 39-year old man who had asthma, took an advertised remedy which he purchased from a drugstore. Two children in the third family had fever for 8 days, for which a traditional practitioner prescribed herbs. In the fourth family, a 1-year old child with eczema was taken first to a traditional practitioner, then to a private clinic in Minburi where he was given an injection.

On the basis of other observations, however, we believe that illness and injury are more common in Bang Chan than is suggested by the replies to this particular inquiry. For example, no mention was made in one of the households surveyed of a baby who had been too ill to be weighed and measured, when team members called, and who recovered in a day or two without outside help. Coming as they did at the end of the clinical examination which was new to most of these people, perhaps the questions asked seemed relatively unimportant. No attempt was made to probe beyond the person's reply to the questions as stated.

Replies to questions in connection with an intensive

1. From casual observation, one is led to believe that the villagers have considerable confidence in "injections," although the nature of the injection received or desired, is not usually specified.

[See p. 51 - Analysis]

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• [45] Deaths of infants a few days old, with a description of lockjaw, inability to suck, stiff back and clenched hands, were recognized as due to tetanus. The common practice of native midwives is to place the cord over a hard rhizome or clod of earth and to cut it with a tapered piece of bamboo. Thus, infection with the tetanus organism may occur from contact with the soil. Note that 12 of 26 deaths reported for infants under 1 month, were diagnosed as tetanus or probably tetanus. Zimmerman (1931) summarized important causes of death in Siam, based on the physician's diagnosis made after symptoms were described by the head of the household. Of 1800 deaths which occurred in the 18 months preceding the survey, 2% were diagnosed as tetanus. For the Central area, 3.8% of 495 deaths were from tetanus. Most, if not all of the cases of infantile tetanus could be prevented if native midwives learned to avoid contact of the cord with earth or a soil-coated rhizome. By using sterile scissors for cutting the cord instead of tapered bamboo which must be pressed against another surface to accomplish the cutting, contact with soil could be avoided. Of 335 household heads interviewed, 220 owned scissors of some kind (Balis, 1955).

[44] Infants several months old, who had some of the symptoms of infantile beriberi, as convulsions and almost voiceless crying, were considered as cases of infantile beriberi only if the mother had symptoms of beriberi, such as numbness or tingling in the extremities, or difficulty in walking, at the time. One mother had lost 3 infants at 3 or 4 months of age, with similar symptoms, but described the symptoms of beriberi in herself at the time of the death of the last baby only. The other two cases were therefore listed as convulsions, cause unknown. The occurrence of infantile beriberi reflects the unsatisfactory nutriture of the mother, whose milk is therefore low in thiamine content. To prevent deaths from infantile beriberi, the general level of nutrition in the village, and particularly the food habits of pregnant and nursing women, should be improved.

Note also the number of deaths from "debility." As the Joint FAO/WHO Expert Committee on Nutrition (1951) has pointed out, the number of early deaths from "congenital debility" becomes insignificant where the health and nutritional status of pregnant women approaches the optimal.

Intestinal Parasitism and Bowel Habits

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164 Intestinal Parasitism. - All school children were provided with tin containers labelled with their names, and asked to bring a stool sample to school. Fourth grade children whose first stool samples were negative, were asked to bring a second specimen. Parasites were found in some of these second